

Medical Care

Early Stages of Dementia

Goal

- The person receives optimal medical care related to diagnosis, treatment and ongoing care

Key Assessment Issues

General

- Difficult for primary physician to identify memory issues in a routine medical exam
- Physician may minimize symptoms by responses such as “simply getting older”
- Person may not have had a comprehensive cognitive evaluation that differentiates acute/chronic conditions which may be causing the memory changes
- May benefit from cognitive enhancing medications
- May benefit from anti-depressant medications
- May benefit from vitamin supplements to aid cognition

Judgement of Ability

- Person may deny that difficulties are present, or that health is a problem
- May resist seeing doctors for help, evaluation

Possible Interventions

General

- Encourage person/caregiver to record and report detailed observations of changes occurring to the doctor
- Refer to Alzheimer’s Association for information about the evaluation process, encourage reviewing it with doctor
- If person's physician is minimizing the person's changes, encourage getting a second opinion and/or suggest family member go with person to see the physician
- Encourage person and family to have symptoms/concerns thoroughly evaluated by a physician and/or specialists with experience in dementia diagnosis
- Advocate for person and family to receive a thorough explanation of what is happening, what the person's diagnosis is and what to expect
- Educate family about the use of cognitive enhancing medications:
 - Best if started early in disease progression
 - If person has side effects, lower dose or changes to another cognitive enhancing drug can be tried
 - Potential interactions with anti-cholinergic drugs
 - Person may be eligible to participate in research, by contacting Alzheimer's Association for information
 - Research continues to provide medical advances
- Encourage screening person for depression if indicated
- Discuss need for vitamin supplements with doctor (see planning area # 5)

Judgement of Ability

- Instruct family how to advocate by reporting to doctors detailed observations of the changes that are being seen, communicating details to physician and/or clinic staff
- Encourage caregiver to utilize cooperative strategies with others to assist in getting the person to the doctor, e.g.:
 - Avoid discussing Dr.'s visit if it will cause agitation
 - Provide information about destination one step at a time (get dressed, going out, etc.)
 - Have a familiar person to "meet" at destination
 - Engage in conversation with familiar person once there, reassure it will be a pleasant, short experience

“Planning Guide for Dementia Care at Home: A Reference Tool for Care Managers”

Revised 9/2002 by the Alzheimer’s Association—South Central Wisconsin Chapter, the Wisconsin Alzheimer’s Institute and the Wisconsin Bureau of Aging and Long Term Care Resources, Division of Disability and Elder Services, Department of Health and Family Services. (3/2004 version) Document Number PDE-3195 Part 5

Medical Care

Early Stages of Dementia (continued)

Goal

- The person receives optimal medical care related to diagnosis, treatment and ongoing care

Key Assessment Issues

Complex Tasks

- Person may have difficulty taking medications as prescribed – missed or double doses, not able to track if and when medication should be/has been taken, etc.
- Problems with medication compliance may be exacerbating dementia symptoms/difficulties

Communication

- Person may have multiple physicians prescribing multiple medications, with potential for medication interactions that produce symptoms seeming like memory problems
- May be taking over the counter medications that have interactive effects or increase health or fall issues (e.g., sleep, cold, allergy, indigestion or pain medications)
- Physician may not be aware of person's end-of-life wishes

Navigation

- Person may begin to experience sensory deficits (sight, hearing, etc.) that may cause misunderstanding or confusion, etc.
- Person may begin experiencing incontinence due to a variety of issues, including environmental/navigational

Possible Interventions

Complex Tasks

- Facilitate reliable ways to monitor medication compliance
- Provide ways to assist person in keeping an up to date list of all medications and conditions being treated
- Advise/help person to store medication in one central place
- Insure emergency numbers are posted by the phone and medication information is easy to access in case of emergency

Communication

- Have medications evaluated by pharmacist, doctor, nurse, etc., who is knowledgeable about dementia and about drug interactions. If interaction problems are suspected, consider discussion with physician about a medically supervised “medication holiday” where drugs are withdrawn/reduced to observe impact on dementia symptoms
- Encourage the person and caregiver to share detailed records of all treatment, over the counter and prescribed medications and changes, with all treating physicians as they occur, and to ask for inter-physician consultations
- Encourage discussion with physician on medical issues and related wishes - to include in advanced directive planning (e.g., tube feeding, DNR orders, etc.) (see planning area #6)

Navigation

- Observe for signs of injury - person may not realize or remember that they are hurt, may forget to use safety precautions when doing things
- Arrange for person to receive OT/PT evaluations and medical assessments for screening of sensory and physical abilities and the use of adaptive aids - or updates to current ones (e.g., hearing aids, glasses, walkers, etc.)
- Assist person by developing strategies to make the use of adaptive equipment easy and part of person's routine
- Evaluate possible physical issues that could be causing incontinence (e.g., prostate, bladder problems, pain, etc.)
- Evaluate environment for possible impediments

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Medical Care

Middle Stages of Dementia

Goal

- The person receives optimal medical care and best practice treatments available

Key Assessment Issues

General

- Person's physical health will have much more influence on cognition and maintaining his/her abilities
- Person's dementia may effect or be affected by concurrent medical conditions that substitute caregivers may not know about

Behavioral Symptoms

- Person's dementia symptoms having a sudden onset or worsening, is a warning sign of a potentially reversible health problem
Alzheimer's symptoms don't change "overnight"; progression of the disease is more gradual
- Can show behavioral symptoms such as onset or increase in agitation, anxiety or aggression etc.; causes can be constipation, dehydration, acute or chronic illness, pain, urinary tract infection (UTI), and/or lack of adequate or appropriate support
- Can exhibit increases in psychosocial problems that have a medical basis related to brain chemical imbalances (e.g., increases in aggression, sexual acting out, depression, etc.) which can be treated
- May be incapable of reporting pain to caregiver

Possible Interventions

General

- Encourage maintenance of good health, exercise, nutrition (see planning area # 5) and management of concurrent medical conditions to aid cognition
- Person's concurrent health conditions should be written down and the symptoms/influences and treatments/interventions summarized, for substitute caregivers to refer to at all times

Behavioral Symptoms

- Continue to evaluate benefits of cognitive enhancing medications, these can be useful in many types of behavior (agitation, depression) as well as enhancing memory
- Learn to read non-verbal cues regarding physical issues
- When conducting behavioral interventions, pursue a thorough medical evaluation by physician - preferably knowledgeable about dementia - using this approach:
 - First, rule out above medical concerns (UTI, nutritional deficiencies, constipation, pain, drug interaction, e.g., cholinergic vs. anti-cholinergic drugs, etc.)
 - Second, examine caregiving approaches (see planning area #2), environment (see planning area # 7) and pace of activities (boredom vs. too much stimulation) for agitating factors – address and observe influences
 - Screen for health conditions, past injuries or surgeries, etc., which could be causing person to experience chronic pain
 - Suggest a physical examination of person's physical abilities, range of motion, etc., if above exists
 - Give trial dose of physician approved pain reliever to determine if it diminishes behavioral symptoms. If symptoms improve, suggest consulting with physician to put a regular pain medication dosing schedule in place
 - Consult physician if stronger pain relief may be needed to avoid under-treating person's pain
 - Screen for clinical depression (common) and refer to physician for treatment as needed
 - Begin all medication interventions with most benign medication first, avoid heavily sedating drugs

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Middle Stages of Dementia (continued)

Goal

- The person receives optimal medical care and best practice treatments available

Key Assessment Issues	Possible Interventions
<p><u>Judgement of Ability</u></p> <ul style="list-style-type: none"> • Person's decline may not be apparent or recognized by physician during a short office visit • Person may deny problems and/or the need to seek medical care, take medication, etc. <p><u>Complex Tasks</u></p> <ul style="list-style-type: none"> • Person will not usually remember to take medications properly without assistance • Person may be unable to do own self care of medical conditions (e.g., diabetes, wounds, etc.) <p><u>Communication</u></p> <ul style="list-style-type: none"> • Person may have trouble expressing or verbalizing medical needs, discomfort, i.e., acute illness, anxiety, pain, etc. • Communication with physicians may need to occur more frequently • Changes in weight, health, frailty or falls may indicate less ability to handle previously tolerated medications • New medication may be inappropriate or interact with existing medications or over the counter drugs taken 	<p><u>Judgement of Ability</u></p> <ul style="list-style-type: none"> • Encourage caregiver to document examples of person's abilities/difficulties, discuss with person and with physician to advocate for diagnosis, if not done • Develop ways to continually evaluate person and symptoms in conjunction with level of support, i.e., is the person restless or anxious because left alone and feels "lost" too much of the time? Adjust support accordingly <p><u>Complex Tasks</u></p> <ul style="list-style-type: none"> • Try computerized medication dispensing (even if it is for the caregiver when there are multiple medications/times etc.) and/or implement medication management by another person. Advise keeping medications locked up for safety. • Enlist home health services for other types of medical treatment needed (e.g., wound care, injections, blood sugar monitoring) <p><u>Communication</u></p> <ul style="list-style-type: none"> • Utilize pain scale pictures (happy/sad faces) to help person communicate her pain/discomfort more easily • Encourage communication between multiple doctors to eliminate drug/treatment interaction problems • Post emergency contact numbers for physicians by telephone • Keep an up to date list of all medications and health conditions being treated and location of advanced directives accessible for multiple caregivers to refer to • Instruct caregivers to monitor person during medication changes, document and report observations to physicians as indicated • Consider use of a communication log when multiple caregivers are involved to keep family and caregivers informed daily • Discuss with physician benefits vs. risks/consequences of tube feeding for person with dementia if not previously done for advanced directives (see planning area #6) • Utilize natural solutions to health problems instead of medications when possible (e.g., fiber/fruit instead of laxatives)

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Middle Stages of Dementia (continued)

Goal

- The person receives optimal medical care and best practice treatments available

Key Assessment Issues	Possible Interventions
<p><u>Navigation</u></p> <ul style="list-style-type: none"> • Person may be at risk for wandering, in health risk situations (cold, heat, inappropriately dressed) • Person may not realize situations that could be dangerous or injurious • Incontinence may begin, or may increase in frequency and type 	<p><u>Navigation</u></p> <ul style="list-style-type: none"> • Register person with the Alzheimer's Association's "safe return" program by contacting local chapter, modify environment to monitor person (see planning area #7) • As the person declines in capacity, monitor regularly for signs of physical or emotional abuse and unintentional injuries • Evaluate possible physical issues that could be causing incontinence (e.g., physical conditions, prostate problems, medication induced, celiac disease, overactive bladder, diabetes, etc.) • Adapt environment to provide cues to make access to toilet easier (see planning area #7) and set up a prompting schedule to use the bathroom • Initiate routine use of protective undergarments and cleansing wipes/creams to protect skin from breakdown • Monitor closely for urinary tract infections • Restrict fluids in evening and before bedtime to help prevent skin breakdown, but insure good hydration during the day when the person is up

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Medical Care

Late Stages of Dementia

Goal

- The person is comfortable - receives appropriate medical care and caregiver is satisfied with medical management of symptoms

Key Assessment Issues

General

- Person completely unable to care for self, may need residence in a skilled nursing setting or 24 hour skilled care at home

Communication

- Person unable to verbally communicate, e.g., pain, cold, nausea, hunger, constipation, oral disease, etc.

Concurrent Conditions

- Person may have seizures
- May have major changes in sleep and sleep patterns
- Usually has total incontinence of bladder and bowel
- May be prone to skin breakdown and infections due to incontinence and effects of immobility
- May have difficulty swallowing and chewing
- At risk for dehydration and malnutrition
- May be much more prone to infections

Possible Interventions

General

- Evaluate appropriateness of alternate placement
- Encourage palliative and hospice care when appropriate
- Encourage caregiver to discuss and implement end-of-life care as expressed previously by person, i.e., medications, antibiotics, fluids, tube feeding, cardio-pulmonary resuscitation, etc. (see planning area #6)

Communication

- Encourage caregiver to insure a routine pain medication dosing schedule is implemented to prevent discomfort or pain when it has become a symptom for the person, and that pain level is reassessed regularly (every 3-4 hours). Explain that person will not be able to ask for pain medication.
- Encourage discussion with physician the benefits, ethical dilemmas, risks/dangers of tube feeding person based on his/her particular symptoms - if not previously done

Concurrent Conditions - Caregiver Guidelines

- Encourage physician/nurse evaluation of any change in condition and treatment as deemed appropriate, based on person's wishes
- Monitor for physical complications such as skin breakdown, infection, dehydration, restlessness, constipation or untreated/under-treated pain
- Utilize dampness alarms/indicators in undergarments along with a scheduled routine of changing incontinent briefs to minimize discomfort and skin problems. Continue to take person to toilet/commode routinely if still capable.
- Have swallowing studies conducted, monitor for food aspiration which could lead to aspiration pneumonia
- Obtain physician order for thickened liquids if in substitute care setting. Use strategies to enhance ability to swallow (see planning area #5) when administering medications, food, etc.
- Obtain physician order to get medical reimbursement for liquid nutritional supplements if they are used
- Encourage frequent fluids and changes in position

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